

10/26/01  
J1044 U.S. PTO

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01-14-02

PTO/SB/05 (03-01)

Approved for through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 3077.1A  
First Inventor Goldberg  
Title METHOD OF MANUFACTURING BIOLOGICAL CHIPS  
Express Mail Label No. EL675507631US

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

COPY OF PAPERS  
ORIGINALLY FILED

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27
3. ☒ Specification [Total Pages 24]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages 2]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09 / 245,329  
Prior application information: Examiner J. Siew Group / Art Unit: 1656

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

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|                   |                              |                                   |            |
|-------------------|------------------------------|-----------------------------------|------------|
| Name (Print/Type) | Phillip L. McGarrigle        | Registration No. (Attorney/Agent) | 31,395     |
| Signature         | <i>Phillip L. McGarrigle</i> | Date                              | 10/26/2001 |

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 1076

| Complete if Known    |                |
|----------------------|----------------|
| Application Number   |                |
| Filing Date          |                |
| First Named Inventor | Goldberg et al |
| Examiner Name        | TBD            |
| Group / Art Unit     | TBD            |
| Attorney Docket No   | 3077 1A        |

| METHOD OF PAYMENT (check one)   |                            | FEE CALCULATION (continued)       |                            |
|---|----------------------------|-----------------------------------|----------------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |                            | 3. ADDITIONAL FEES                |                            |
| Deposit Account Number  | 01-0431                    | Large Entity Fee Code (\$)        | Small Entity Fee Code (\$) |
| Deposit Account Name  | Affymetrix, Inc.           | 105                               | 130                        |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17                                       |                            | 127                               | 50                         |
| <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27   |                            | 139                               | 130                        |
| 2. <input type="checkbox"/> Payment Enclosed.   |                            | 147                               | 2,520                      |
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| FEE CALCULATION   |                            | 113                               | 1,840*                     |
| 1. BASIC FILING FEE   |                            | 115                               | 110                        |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | 116                               | 400                        |
| 101   | 740                        | 117                               | 920                        |
| 106   | 330                        | 118                               | 1,440                      |
| 107   | 510                        | 128                               | 1,960                      |
| 108   | 740                        | 119                               | 320                        |
| 114   | 160                        | 120                               | 320                        |
| SUBTOTAL (1) (\$ 740)   |                            | 121                               | 280                        |
| 2. EXTRA CLAIM FEES   |                            | 138                               | 1,510                      |
| Total Claims  | 17                         | 140                               | 110                        |
| Independent Claims  | 7                          | 141                               | 1,280                      |
| Multiple Dependent Claims   |                            | 142                               | 1,280                      |
| SUBTOTAL (2) (\$ 336)   |                            | 143                               | 460                        |
| **or number previously paid, if greater. For Reissues, see above  |                            | 144                               | 620                        |
|   |                            | 122                               | 130                        |
|   |                            | 123                               | 50                         |
|   |                            | 126                               | 180                        |
|   |                            | 581                               | 40                         |
|   |                            | 146                               | 740                        |
|   |                            | 149                               | 740                        |
|   |                            | 179                               | 740                        |
|   |                            | 169                               | 900                        |
|   |                            | Other fee (specify)               |                            |
|   |                            | *Reduced by Basic Filing Fee Paid |                            |
|   |                            | SUBTOTAL (3) (\$ 0)               |                            |

| SUBMITTED BY      |                          | Complete (if applicable)        |                |
|-------------------|--------------------------|---------------------------------|----------------|
| Name (Print/Type) | Philip L. McGarrigle     | Registration No. Attorney/Agent | 31,395         |
| Signature         | <i>Philip McGarrigle</i> | Telephone                       | (408) 731-5000 |
|                   |                          | Date                            | Oct. 26, 2001  |

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